

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213544604			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: JSI Research and Training Institute, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN SNOW INCORPORATED 1616 N FORT MEYER DR 11TH FL ROSSLYN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F1801937</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 44 FARNSWORTH STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BOSTON, MA 02210</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOEL H LAMSTEIN TITLE: P/T ADDRESS: 44 FARNSWORTH ST CITY/ST/ZIP/CO: BOSTON, MA 02210 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOEL H LAMSTEIN TITLE: P/T ADDRESS: 44 FARNSWORTH ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	Ken J Olivola	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	428 Main Street		
CITY/ST/ZIP/CO:	Brewster, MA 02631		
NAME:	Carolyn Hart	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5534 18th Road North		
CITY/ST/ZIP/CO:	Arlington, VA 22205		
NAME:	Louis Kaplow	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19 Thatcher Street, APT #4		
CITY/ST/ZIP/CO:	Brookline, MA 02446		
NAME:	Michael Useem	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	352 Woodley Road		
CITY/ST/ZIP/CO:	Merion Station, PA 19066		
NAME:	Paul Osterman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18 Fredana Road		
CITY/ST/ZIP/CO:	Newton, MA 02468		
NAME:	Nancy Turnbull	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	26 Francis Street		
CITY/ST/ZIP/CO:	Brookline, MA 02446		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOEL H LAMSTEIN	JOEL H LAMSTEIN, P/T	9/24/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			